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MISCELLANEOUS.

Antitoxin.

BY JOSEPH HAIGH, WETMORE, KAS.

Read before the Northeastern Kansas Medical Society, Whiting, Kas., February 11, 1895.

Gentlemen: I take to-day the negative side upon the antitoxin line of treatment for diphtheria. We know the Klebs-Löffler is said to be the pathognomonic germ of the disease, just as we have been told that cancer had a germ peculiar to itself by which it could be recognized, and yet we found the king of pathologists, Virchow, completely floored in the crown prince of Germany's case. He found no cancer cells or germs peculiar to the disease, but practical old Dr. McKenzie said it was cancer "just the same," and the patient died with cancer. Now the reverse side in this diphtheritic germ question is that it is found in other conditions, according to Hauseman—Virchow's assistant—which are not diphtheritic and do not become so, while we have on the other hand a condition to all appearances diphtheritic. It kills like it, too. Yet the germ is a streptococcus, chain like, while the Löffler germ is slightly curved or straight, rod-shaped, length of tubercle bacillus, twice as thick. In other words, it is a dog only for its being a cat. Now that proposition may be clear to you, but to me it has quite an earthy-atmosphere. Now I have some objections to this whole germ business. They are cultivated outside of the body upon a foreign soil, *i. e.*, glucose broth, bouillon, potatoes, etc., all of which may produce an entirely different condition.

Especially would that be true of the potato, which belongs to a poisonous group of vegetation and has had its half-brother as well as itself accused of producing diphtheria. Then, after all these mutations, it is transferred to an animal, a fur bearer, too, and lo, it produces death in the guinea pig with diphtheritic symptoms. Now isn't it true that the serum of any patient suffering with any disease that has anginous symptoms will do the same thing? If so, why fight the Löffler bug alone? Why not get up a compound fluid that will kill all of the little bugs at once? Now, seriously, is not the death rate where they have true diphtheria as high as ever? The Buda Pesth 35 cases, death rate 5, and 12 of the other 30 had to fall back upon American Joseph O'Dwyer's tubes. Now what a fall from grace that was! Another thing, as Dr. Ayres puts it, "why do they use iron, mercury, chlorate potash, etc.," if antitoxin is the bug-killer? The rest of their treatment is an insult to our old friends. My friends, isn't it time that we quit prostituting the science of medicine to bugology and devoted a little attention to medical therapeutics? The sick man don't ask how many bugs there are to be killed, he just asks you to kill the little rascals without regard to their number, and if he thinks you can't do it he will try to get some other fellow with less theory and more practical horse sense that will. Just look at the theories that have fallen by the way. Where now are your former doctrines of inflammation? Where is Bergeon's consumption treatment? Where is Sequard's elixir, that came near running the sheep industry out? Where is Koch's tuberculin? And how do we know that a single rabetic infection has ever been treated? And isn't it true that the best agents used in most of these diseases are agents that neutralize poisons in some way?

And if so, does it require a far fetched germ theory to tell why? Surely the poison of the viper, the rattler, the cobra, cannot be classed as germ poisons, yet we antidote them with other poisons just as we overcome morphine poisoning with per mang. pot.

No germs there.

Heintzman, in J. L. Smith's work, tells us that he has seen "children die in a few hours with the malignant form of diphtheria without any deposit upon the throat." Yet according to our bug men we would have to have that throat covered over with the squirming little devils sure.

I believe diphtheria to be a malignant poison. I believe the only treatment to be antidotal, and it is the only treatment that has ever done any good; hence our best agents are chemical reagents. Now there is another phase to this and I am done. If we are going to sterilize our bodies against every disease, I would like to know what kind of a compound a man will be in the year 2,000 A. D? He will be a walking arsenal of injected poisons. How do these experimenters know but that the horse they work on has incipient glanders, or tuberculosis, or some hidden malady? Tubercle has been demonstrated in 5 per cent. of our cows and the horse would be more liable to disease than the cow. We may have curtailed the death rate in small pox by vaccination, but it would be a curious thing if we had not caused thousands to perish with other diseases from that very injection of vaccine matter. The most horrible cases shown me by Dr. Troughton in the Atchison small-pox hospital last Summer were cases that had been vaccinated, and that was performed by a first rate painstaking physician who used virus from a cow vaccine farm and fresh at that. Now wouldn't it be a good idea to stop and ask ourselves what kind of stuff we are putting into our bodies before we turn them into a receptacle for every vile germ known to man?

Another item that would be of interest to the curious in this germ theory business, would be to know just what proportion of mortality in operations since 1868 have been directly or indirectly due to poisoning of the

patient by so-called germicides? It would cause a shudder to run down the spinal column of a cast-iron mule. It is also noticeable that Tait—if not the first abdominal operator he is one of them—has discarded the whole germicide paraphernalia and uses as his motto: "Cleanliness is next to Godliness."

Now if Heintzman is correct, and diphtheria kills sometimes in the entire absence of demonstrable germs, does that not prove that it is a peculiar poison that the disease depends upon, and that the germs are only a secondary product?

If that is true let us bend all our energies toward the discovery of antidotes for these poisons, and try to protect the well by suitable quarantine restrictions instead of injecting into the arms of our dear ones the decomposition products derived from some animal perhaps half rotten with tubercle, anthrax, glanders, or some other foul disease, and thereby destroy the future health of the child and those to follow it?

I tell you my friends there is a dread responsibility in this matter. I fear that the vaccine virus is responsible for the rapid increase of cancer, scrofula and consumption in the last few years. I am in earnest about this, and I for one shall take very conservative ground on the introduction of any other virus into our patient's arms till I am better satisfied in regard to the results of the old one.

Hay Fever.

Fuber, of Hamburg, has discovered that rubbing the ears vigorously in cases of hay fever will relieve the congestion of the nasal mucous membrane.

CORROSIVE sublimate is a good test for albumen in the urine. Add to the urine a few drops of a 1 per cent. solution. If there is turbidity add acetic acid—if turbidity persists, albumen is present.

Report of a Case of Melano Sarcoma.

BY J. E. MINNEY, A.M., M.D., TOPEKA, KAS.

Rev. M. F. H., aged 54 years, white and married, of Greenleaf, Kas., consulted me March 8, 1894, about the sight of his left eye. For the past month or two his glasses had not given satisfaction, they required so much adjusting for reading, and especially after night. He also said that he could not see an object on his left side such as a person walking with him, as he formerly could, but had to turn his head toward that side. There was no pain in the eye, neither had there been.

Family history: His mother is 77 years old and in good health. His father died of typhoid fever at the age of 60. He had been troubled with sick headache all his life. There are ten children in the family; two died in infancy. One sister died of consumption (pulmonary) at the age of 50. Another sister 46 years old has had epilepsy from childhood (no known cause). Mr. H. was in the army two years. His health has always been good, but he suffers at times with tonsilitis. About three years ago he noticed red streaks of light in that eye, and about one and one-half years ago they returned a few times. During the past year there has been a drawing sensation in that eye and a twitching of the muscles, but never any pain. At times there are dark specks floating before each eye.

Aside from this Mr. H. has had no trouble with his eyes and enjoys good health. Examination by inspection showed the eye normal in appearance. On raising the upper lid there was one or two blood vessels very much distended on the sclera at its upper and inner quadrant. With this exception the globe of the eye presented a normal appearance. The pupil responded fairly well to light. There was total blindness of the nasal side of the retina. The ophthalmoscope showed a tumor at a point on the retina and ciliary muscle corresponding to the congested blood vessels on the sclera.

The tumor was about the size of an ordinary pea. It looked dark and was covered over by the retina. There was an absence of the dark lines seen in detached retina. These dark lines being representative of retinal vessels. On rotating the eye the tumor proved to be immovable, presenting none of that wave-like motion seen in simple detachment of the retina.

Diagnosis.—A malignant tumor; probably sarcoma.

Treatment.—Removal of the eye.

Remarks.—It being such a serious matter, the loss of an eye, and especially when to all external appearances it looked so well, and to confirm my diagnosis and proposed treatment, I advised him to consult other oculists. Accordingly he consulted Drs. Fryer and Tyree, of Kansas City, Mo., and Dr. E. Holmes, of Chicago. Dr. Fryer, in a letter to me, confirmed my diagnosis of sarcoma. Dr. Holmes did the same, saying it was a melano sarcoma, and both oculists advised immediate enucleation.

I removed the eye March 20, 1894, assisted by Drs. Gilbert and Magee. The eye was given to Dr. Gilbert for microscopical examination.

Dr. Gilbert's report:

J. E. Minney.—DEAR DOCTOR: The eye removed from Mr. H. March 20, 1894, after careful preparation and hardening, was sectioned and found to contain a coal-black growth about the size of a hazel nut, occupying the inferior part of the posterior chamber. The growth extended from the ciliary body anteriorly to near the entrance of the optic nerve, being closely connected with the choroid and the ciliary body. Even after hardening this growth was extremely soft and granular.

A section taken perpendicularly to the walls of the eye shows that the growth is situated between the choroid and the retina, the latter having been pushed inward.

Sections were cut and stained with hæmatoxylin. Examination of these sections under the microscope showed this growth to be composed of large spindle-shaped cells having the arrangement of a sarcoma. The protoplasm of these large spindle cells is

densely crowded with larger or smaller granules of melanin, hence the color of the growth. These cells are so completely crowded with the granules of melanin that they did not take the stain. However, the nuclei of the cells of the blood vessels and the connective tissue have taken the blue stain, and also the youngest of the cells of the tumor. There is little stroma, however.

The walls of the eye seem to be involved very little in the process.

This tumor, then, is a melano-sarcoma. The comparatively short time in which it has been growing accounts for the small amount of involvement of the walls of the eye. While this tumor does not seem to involve the eye walls, and seems to be entirely removed, yet the examination reveals that it is a malignant growth, and the history of such cases is—they usually recur, or secondary growths are at some time started in some distant organ.

Respectfully submitted,

J. L. GILBERT, M.D.

After Treatment.—The stump healed slowly. A black spot appeared on the mucous membrane over the site of the large scleral blood vessels. There was a slight sanious discharge for about a week, and a tendency to excessive formation of new tissue. This was overcome by dusting the stump thoroughly with C. P. calomel. The stump healed finally and an artificial eye was fitted in about one month, with instructions to remove the eye if any irritation was caused by it.

Prognosis.—There is liability of return, particularly in the liver.

He is at the present time well and has taken on considerable flesh since the operation.

Grippe.

Brooklyn Medical Journal.

Dr. Andrew H. Smith, in the *New York Medical Record*, in discussing the treatment of grippe, says:

"In regard to treatment, the use of some one of the coal-tar antipyretics during the

first stage, to relieve the pain, still seems to hold its place. I have tried to guard against the depressing effects of these agents and to check their tendency to produce excessive sweating; the first, by employing only moderate doses and by adding a little camphor; the second, by the further addition of atropia. A convenient pill is composed of three and a half grains of phenacetin, one-half grain of camphor, and 1-300 grain of atropia sulphate. Two of these pills may be given at the outset, followed by one every three hours until the temperature falls and the pain is relieved.

"For the subsequent annoying cough the temptation to prescribe opiates is very great. But they add to the dryness of the tracheal and laryngeal surfaces, and if continued continued, seem to retard rather than to promote recovery. It is better to employ them only when demanded to procure necessary rest. For this purpose Tully's powder does extremely well. The bromides, by allaying reflex irritability, are very useful. The ammonium bromide, being largely excreted through the lungs, exerts a more decided local influence, and it is at the same time less depressing than the other forms. Yerba santa has done me good service, especially in combination with maltine, for which hot milk is an excellent vehicle.

"The mucous surface of the larynx and trachea may be treated locally with advantage by inhalation of warm vapor containing a small amount of carbolic acid. The vapor relieves the dryness of the membrane, while the acid exerts its peculiar anæsthetic effect. Conium also is useful, employed in this way. Maw's inhaler is the simplest and most convenient apparatus for this form of inhalation. A spray of carbolic acid in albolene oil will sometimes produce a more lasting effect than a preparation with water as a menstruum."

KANSAS is not alone, for the Texas health bill met as positive a defeat at the hands of their Legislature as did the proposed Kansas law.

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Topeka, Kansas, Saturday, April 6, 1895.

The Practice of Medicine as a Business Proposition.

The practice of medicine as a business proposition is subject to considerable uncertainty. Could the science of medicine be divorced from the mercenary tendencies of its devotees, or could the indefatigable pursuit of knowledge in some way supersede that other struggle for the crude necessities of life, the problem would be an easy one.

When those who have engaged in the study of medicine from a love of science and an insatiable thirst for knowledge are brought into competition with those who have entered its fields simply as a business enterprise, the practice of medicine must become with both a business proposition.

So long as we depend upon our profession for our living we must consider it a business proposition and direct our actions in conformity therewith.

Then arises the question as to the influence of these facts upon the progress of the science. If careful scientific investigation is incompatible with business methods, if a natural desire to acquire wealth in any way interferes with the perfection of medical knowledge would the past decade have been marked by such rapid progress? Would this period of progress have been characterized by such strides in a field of medicine requiring the most minute detail and persistent investigation? Is it not this great competition which is the impetus to harder work and greater perfection?

The tendency of wealth and luxury is to promote idleness, and men with great inheritances are not very frequently inclined to take up a profession so laborious and confining as the practice of medicine. So it may be considered as a rule that the members of our profession are principally derived from the class who are dependent upon their own energies for success. The lines of social distinction which are so definitely marked between labor and capital are becoming more and more apparent between the mercantile and professional classes, and for this reason many young men of moderate means are fitting themselves for some one of the professions, and from the rapid increase of the number of medical students it is readily seen that our profession is no small favorite.

The public interest in medical discoveries which has been so plainly manifested during the past decade, has no little influence in the growth of medicine, and the more familiar the people become with the possibilities of the science the more they demand from those into whose hands they give the care of their health. The physicians themselves, as the number increases, and they come more and more closely into competition with each other, demand higher standards of perfection.

It is a result of this great competition, therefore, from a business standpoint, that

these greater requirements are exacted. It is from a business standpoint that the public is so readily informed of every new advance in medicine, and it is from a business necessity that the physician strives to become more and more proficient in the science he is pursuing. It is from a business standpoint that the practice of medicine has become so greatly diversified and have arisen the numerous specialties. To these specialties we owe the great advance that has been made in the pathology and treatment of various diseases.

The practice of medicine, then, as a business proposition must be accepted as an established fact, and to those who ignore this element must be ascribed any opposition to progress and any tendency toward retrogression which may be manifest in the profession of to-day.

The Code.

It is very probable that sufficient influence will be brought to bear in the next meeting of the American Medical Association to secure either material change or complete annihilation of the code of ethics. Some of the most prominent societies in the east have not only declared themselves opposed to its restrictions, but have opened their doors to every reputable physician without regard to school. The Cleveland Medical Society has recently taken such action. The Kansas Medical society at its last meeting expressed itself as in favor of such amendment of the code as would permit any consultation that seemed to the physician to be of importance to himself or the patient.

The restrictions of the code only meets the approval of those narrow-minded, bigoted men who fear honest competition.

It is pretty tolerably certain from the general expressions from physicians all over the country that unless some change is made there will be a new organization on a broader basis.

It seems to us the time has come when we should put medical education as well as med-

ical practice on a broader basis. Let the schools give instruction in every phase of medicine, and let the physician be the judge of the applicability of the different forms of medication to different cases. Then societies may be broad and comprehensive and their membership be restricted only on the requirement that the applicant be a gentleman and a physician.

Program Kansas Medical Society.

Section on Practice of Medicine and Electro-Therapeutics.

1. Chairman's Address—
A. P. Tenny, Kansas City, Kas.
2. A Paper—
S. S. Glasscock, Kansas City, Kas.
3. Cretinism—
Maggie L. McCrea, Winchester.
4. Oliver Wendell Holmes—
R. E. McVey, Topeka.
5. Food Inspection—
J. H. Brierly, Glasco.
6. Medical Legislation, A. D. 1895—
G. A. Wall, Topeka.
7. Doctors' Fads and Microbes—
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D. D. Wilson, Nortonville.
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H. M. Ochiltree, Haddam.
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Agnes McKee Wallace, Topeka.
11. Hypnotism—
J. H. McCassey, Topeka.
12. Remarks on Antitoxin—
S. G. Stewart, Topeka.
13. Men Who Write for Medical Journals and Why—
H. A. Pearse, Kansas City, Mo.
S. G. STEWART, *Secretary*.

Section of Ophthalmology, Otology and Rhinology.

1. Chairman's Address—"Some Questions on the Advances of Ophthalmology and Otology"—
H. Z. Gill, Pittsburg.

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| <p>2. Empyema of Frontal Sinus Complicated With Orbital Abscess—
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A. C. Graves, Cherokee.</p> <p>4. Aspergillus Niger—
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Newton.</p> |
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16. Cerebral Tumors and Abscesses; Their Surgical Treatment—Report of Cases—

Geo. N. Lowe, Randall.

G. P. MARNER, *Secretary*,
Newton.

The Use of Alcohol in Diabetes.

The Times and Register.

Hirschfeld (*Berl. klin. Woch.*, February 4, 1895), discussed the question as to when alcohol in moderate quantity should be allowed and when altogether prohibited. The author does not agree with the view that alcohol may be an etiological factor in the production of diabetes. In cases of diabetes closely investigated he found that the addition of a small quantity of alcohol (30 to 70 g. per diem) had no ill effect. The quantity of nitrogen in the urine was only temporarily increased. With the use of alcohol more fats could be taken, and hence the increased feeding is made more easy. In two cases with some albuminuria the addition of alcohol led to no increase in the albumen, but in one case the opposite fact was noticed. The sugar was noted at the beginning sometimes to be diminished, at other times to be increased, but the original level was arrived at later.

No change was noted in the acetonuria. In cases where there is already cardiac weakness or vascular disease, alcohol should be used cautiously. There is no danger of increasing the polyuria. Alcohol is a food stuff, and yet it may possibly injure the heart, vessels, or kidneys.

Cases are then given illustrating the different points in treatment.

Beer is forbidden, as it contains the most extractive matters, which are chiefly carbohydrates.

If a certain amount of these latter are to be allowed they are much better given in bread and vegetables. All sugar containing liquors and sweet wines are, of course, forbidden.

Wine, cognac, certain forms of brandy, etc., may be allowed.

The author concludes that 30 to 70 g. of alcohol are thoroughly consumed in the body in these cases, that it does not interfere with the secretion of the urine or the absorption of food, and that metabolism is only temporarily increased. The general nutrition, however, is improved. Alcohol has no definite action on the tissue changes peculiar to diabetes. The state of the heart vessels and kidneys should be borne in mind. The use of alcohol is only necessary in severe cases in order to ward off as much as possible by over-feeding the falling off in strength and the development of tuberculosis.

Opposes Operative Interference.

Medical Record.

Dr. William T. Lusk had seen three cases of tubal trouble present before confinement, complicating the puerperium, and when today he looked back upon the experience, which occurred some years ago, he wondered whether the patients could not have been saved by an operation. He thought it was very questionable whether, in the usual forms of puerperal infection, operative interference was ever justified before the tenth day. As the author has stated, in general septic peritonitis the patients died anyway. In other cases, where the disease was localized, he thought it would be better to treat them in the old way; many would get well, and if an operation should be called for it could be done with greater safety after five or six weeks than during the confinement period. There were a large number of cases of so-called septic endometritis in which the infection was limited to the mucous membrane, there was fever for about a week and the patients recovered if let alone. If, however, the curette were used, and irrigation practised frequently, as had been done, the barrier offered to the entrance of micrococci by leucocytes in the infiltrated membrane would be broken down, and general infection would result. He therefore opposed the use of the curette in such cases.

The Gold Preparation in Some Skin Diseases and Syphilis.

Extract from a Paper by A. H. Ohmann-Dumesnil, A.M., M.D., of St. Louis, Mo.

There are so many preparations of a novel nature, or which are merely revivals of old ones in a new form, being daily offered to the medical practitioner that he is often at a loss whether to use any of them. Not content with the inherent qualities of these preparations, their promoters either vaunt them as universal panaceas or construct the reading matter so clumsily that one naturally inclined to test the efficacy of the drugs calmly puts them aside until such evidence is forthcoming as will prove convincing and be clearly set forth. It is for this reason that clinical experience is so valuable when based upon careful observation and a knowledge of the conditions present.

Our knowledge of the therapeutical action of gold has, up to within a few years, been based upon the hypothetical dicta of the alchemists. Gradually the matter was taken up again, at first by the Arabian physicians and afterward in Europe. Once more it fell into disuse, and was rescued from oblivion by Hahnemann, who introduced it in his pharmacopœia. However, this did not give it much of an impulse, and it is only of late years that this metal has undergone any serious investigation concerning its therapeutical properties. Among American investigators Bartholow, Heneage Gibbs, and Shurley are the most prominent. Dr. Shtcherbok has made thorough investigations also.

The most active salt of gold is the bromide, and it is particularly so upon the nervous structures, but small doses being necessary to produce effects. The action of gold is essentially that of an alterative. It has no cumulative effect; but, when toxic doses are administered, mental excitement amounting to delirium at times, manifests itself. A prominent symptom of its excessive action is an excessive flow of saliva, the so-called aurism. Remembering this in connection with the fact that very small doses produce

the effects of the remedy, more especially in the form of the bromide, some care should be exercised in its administration. Among the therapeutic effects of gold may be noted the fact that it is tonic, more especially to the nervous system, and this accounts for the fact that it is an aphrodisiac of no mean power. It was highly esteemed many years ago as an antisyphilitic, and recent experience confirms this view, more especially in the later forms of the disease.

The cutaneous troubles in which I have had occasion to employ the gold preparations to any extent are limited. In acne and eczema of a subacute or chronic character I have found arsenauro an invaluable adjuvant. On the other hand, in chronic eczema and in the later manifestations of syphilis, mercauro has proved itself almost a specific, so much so that its administration was always attended by marked improvement, which ceased so soon as it was discontinued. This it was which attracted my attention to the gold preparations, and in investigating their therapeutical properties I have been impressed by the fact that the most active as well as most efficient salt of gold is the bromide. It not only acts powerfully when administered alone, but seems to increase the therapeutic effects of arsenic and of mercury, and for that reason much smaller doses of these agents may be given, better results obtained, and at the same time security from toxic effects will be secured. These are the qualities which recommend the preparations mentioned above, which are true chemical combinations and not empirical mixtures.

One feature which has been particularly noticed in connection with mercauro is its marked aphrodisiac properties. While only male patients have mentioned this, no doubt the female ones experienced similar sensations or exhalation. The latter has been alluded to by a number of patients of both sexes. There is no doubt in my mind that the bromide of gold is the most efficient salt of the metal, and it appears to exercise a twofold effect therapeutically—viz., it increases the action of the arsenic and mercury with which it is combined, and at the

same time it seems to prevent the manifestation of the toxic symptoms. It is itself very efficient, if we are to believe competent authority, which states positively that bromide of gold is thirty times as efficient as the other bromides.

So far as the preparations mentioned are concerned, they are efficient and rapid in action and the manifest effects of the gold are evident. An exact dosage by means of measuring the drops is attained and ease of administration is secured, no disturbance of the stomach resulting from their ingestion. The vertigo which is experienced disappears as soon as the dose is diminished. I have had no occasion to observe aurism up to the present. In fact, I have seen none but the good effects of these gold preparations. One point, however, must always be borne in mind. The indications presented must be such as demand gold. Some of the older writers maintain that gold was the remedy for syphilis, whereas it is only in the latter and deeper manifestations that its good effects are shown. Furthermore, gold and its preparations will not have good effects in all skin diseases, but will prove a most valuable adjuvant in such as have a distinct neurotic base as an ætiological or complicating factor.

It is the hope of the writer that the few clinical notes jotted down above may serve as a stimulus to further inquiry into the therapeutical worth and more extended application of gold and its salts, as it is a matter of interest and possibly of the greatest importance, more especially in the treatment of many chronic affections of viscera and organs.

New Method of Cure in the Treatment of Insanity.

Medical Press and Circular.

The field of psychiatry in the departments of pathology and therapeutics has of late been explored with considerable activity. In that of therapeutics particularly there has been evidence of a quickening spirit of in-

vestigation, and remarkable results are heralded at home and abroad. The treatment of mental disease has been under the ban of a long reproach. This is partly due to the fact that the armamentarium of the asylum physician was not so obvious as that of his confreres in general practice, and also to this, that general administration is a function of the asylum physician in which he is apt to seek relief from the contemplation of hopeless masses of chronic lunacy. It must not be supposed, however, that the problems of lunacy treatment are not anxiously considered and revolved from time to time in the minds of asylum medical officers, nor must it be supposed that because they have fore-sworn many drugs and remedies much vaunted in the past that they are not on the qui vive for other indications. The successful treatment of myxedema by thyroid extract or grafting was a discovery in the success of which asylum men shared largely, and pro tanto the successful treatment of insanity is thereby assured. But every new remedy is apt to commend itself to oversanguine minds as achieving universal results, marvelous results, and by overdoing "discoveries," medical treatment overreaches itself, and reaction sets in. Dr. Macphail, of Derby, and Dr. Lewis Bruce, now of Morningside, have made further researches with thyroid tabloids in the treatment of insanity. Dr. Bruce's name is especially identified with this new treatment, but it is possible that others may have observed like results before Dr. Bruce's observations were published. Be that as it may, our present point is that there is a danger in prematurely attributing to thyroid a specific action in the treatment of insanity, and it is well to emphasize this in time, because from Vienna comes news of analogous results with Dr. Koch's tuberculin. Still further, identical results are reported by Professor Albert, of Vienna University, in the case of a patient suffering from melancholia who had to submit to an operation of blood transfusion. This caused a high degree of fever, during which the state of the patient's mind was remarkably improved, and when the fever ceased the patient's mental condition

was, to the professor's astonishment, entirely normal. From all this it will appear that remarkable recoveries from insanity have of late been recorded in considerable numbers; that the means employed varied, and that in all cases treatment induced fever, which was followed by recovery. En passant, it may be questioned whether in Professor Albert's case the fever or the transfusion was the most potent agent in the recovery of the patient. What we may focus attention more particularly on is the actual result which followed two different kinds of treatment adopted by Professor Wagner, of Vienna, and Dr. Lewis Bruce. The former used Koch's tuberculin, the latter used thyroid tabloids.

In each case a febrile disturbance was induced, and in some cases there followed recovery. Both observers were evidently inspired by the fact that it is a not unfrequent experience of asylum physicians that physical disturbances, sometimes slight illnesses, have been attended with mental changes, often temporary, in their patients, and that in some cases even astonishing recoveries have been the result. Observations in cerebral pathology of recent years render the suggestion a reasonable one, that lymphatic obstruction plays a potent part in the organic changes which render mental disease incurable. In many drifting cases of mental disease the outlook gets more and more hopeless. What degree or range of cell metabolism is possible can only be guessed at, but certainly the outward evidence afforded by such cases goes to prove that mentalization is next to negative, and cell metabolism probably ditto. In such cases remarkable results have been obtained in not a few cases by the treatment referred to, as also in melancholia. It is probable that in fully diagnosed general paralysis, and in acute maniacal forms of insanity the results will not be so satisfactory. It may be held by some of our older authorities that this treatment is on the same lines as the old "issues" and "setons" of a bygone age, but it is scarcely so. The latter may appear quite consistent with what is now known of the work of the lymphatics, and their im-

portance as brain scavengers. But the former is essentially aimed at producing what nature sometimes does in an accidental way. It implies superactive metabolism, far-reaching, even to the laggard brain cells.

That it is not always successful is not surprising, for in many cases these cells have ceased to exist as functional units, but it is a means of treatment well worthy of trial, and if it is not a panacea here any more than thyroid is in eczema or psoriasis, better a few cases than none. It must also be borne in mind that remarkable cures of melancholia occur after a lapse of years, and that many cures claimed for thyroid or tuberculin might have been obtained by other and less risky means. It is interesting to observe two series of results obtained in the same way by different remedies. This argues that these remedies are not directly specific in their action on the brain beyond the excitement of mere constitutional disturbance, and it would be unwise to push the theory of specific action in the case of either of them. Medical men will rejoice if it can in time be safely established that by inducing febrile disturbance, and consequent renewal of physiological activity in the mental cells, they can be relied on in cases of drifting apparently hopeless insanity. If so much is with certainty achieved, it will be a great gain indeed.

Infectious Diseases.

Medical Brief.

What causes scarlatina? Bacteria? No; a specific poison. What makes serpent venom dangerous? Bacteria? No; a poison. What causes the convulsions of tetanus and strychnia? Poisons, in both cases. In the infectious diseases we do not know, may never know, the exact nature and origin of these poisons. Each produces certain typical phenomena just as do external drug poisons. A tyro can differentiate the poisoning resulting from opium, arsenic, atropia or strychnine.

We have all grades of infectious diseases,

from the mild to the malignant, depending upon the temperament and constitution of the patient. And these poisons manifest their presence in various pathological ways, depending upon their affinity for certain portions of the organism, just as drug poisons do.

Bacteria are but incidental features. If we prepare a solution of strychnia and leave it exposed to the air, it will soon contain bacteria. But, if we now inject this solution into an animal, we will still get the characteristic phenomena of strychnia poisoning. Inoculations of bacteria may infect by conveying into the system a sufficient quantity of a poison to cause reaction. A very small amount of any poisonous alkalis produces their typical effects.

All poisons affect the channels of elimination and the nervous system. In the infectious diseases, nephritis, diarrhoeas, pneumonia, bronchitis, skin eruptions and nervous disturbances are frequent and distressing complications.

In cases of drug poisoning, we look to elimination and chemical and physiological antidotes for relief. In the infectious diseases, similar measures will yield most benefit. As we do not know the chemical composition of these poisons, we cannot provide an accurate chemical antidote, but we do know that drugs containing a large amount of oxygen in loose combination, exercise a very favorable influence over all vegetable and animal poisons. These drugs are the antiseptics and should be given freely. The emunctories should be stimulated, especially the skin, and nervous symptoms combated by physiological antidotes, when they threaten to shock the patient too severely.

Poisons break down the blood corpuscles very rapidly, possibly by abstracting its oxygen, and clinically, the iron salts, such as the tincture of the chloride in combination with chlorate of potassium, mercury and other drugs which increase the formation of blood corpuscles, exert a beneficial influence.

THE best remedy for bed-wetting in children is the normal liquid ergot.

Some Means Employed in the Diagnosis and Cure of Gastric Affections.

American Medical and Surgical Bulletin.

For the diagnosis of gastric affections no better means is known than the morning test meal, which should always consist of the same food, and taken at the same hour—slightly sweetened coffee (or tea) with milk, and one or two slices of bread, the quantity of liquid being always the same and not exceeding 500 grams.

If three or four hours after ingestion there is a sensation of heat in the stomach, a feeling of exaggerated acidity, we have to deal with a hyperacid dyspepsia.

If, on the other hand, there is an abundance of gas, a sensation of heaviness and fullness, and marked slowness of digestion, subacidity is the cause of the disturbance.

If pain commences after a quarter of an hour, increasing with time, there is probably irritation or inflammation of the duodenum, and in that case, gastro-duodenitis.

Finally, painful cramps and even vomiting may supervene, which in themselves characterize the disturbance occasioned in the functions of the muscular and nervous centers of the stomach.

These indications are often more useful than the direct methods of analyzing the gastric juice.

Another way of getting at the cause of the trouble is to ask the patient when the disturbance commenced. In hyperchlorhydria the sensation of pain and burning is always experienced in three to four hours after meals.

In the real painful forms of dyspepsia, such as the gastralgia of chlorotic subjects, the painful crisis appears immediately after the ingestion of food.

The knowledge of the patient's profession and habits is another means of diagnosis.

Among the simple measures calculated to cure gastric affections belongs decubitus on the right side during sleep, to promote the passage of food from the stomach to the duodenum.

Warm drinks diminish (according to Li-

nossier) the secretion of the gastric juice and augment gastric contractibility. They are indicated, preferably slightly aromatized, in hyperchlorhydria, and in an indolent and dilated stomach; while very cool water (12° C.; 53° F.) will exert a stimulating influence upon said secretion.

As Alkaline waters in small doses, one-half to one hour before meals, likewise excite this secretion, they too are indicated in hyperchlorhydria. They also activate the muscular movements of the stomach, resulting in a more rapid evacuation. In this case sodium bicarbonate or alkaline water should be taken during or after meals.

Massage is also one of the best means of combating indolence of the stomach and the stasis of food in the stomach.

Treatment of Typhoid Fever.

Exchange.

Osler, of Baltimore, in discussing the treatment of typhoid fever at a recent meeting of the Clinical Society of Maryland, said he thought that the antipyretic drugs were entirely superfluous in this disease. The cold bath is more efficacious, but it is not always available in private practice; but all the good effects of the bath can be obtained by sponging. A good nurse or doctor can sponge the patient so effectually that the fever will be satisfactorily reduced. When the temperature is high, ice sponging—not with ice water, but with lumps of ice—over the back and legs will reduce the temperature very pleasantly to the patient and satisfactorily to the doctor. Delirium and stupor are also effectively treated by ice sponging. The use of antipyretics in typhoid fever is, in nine cases out of ten, positively hurtful. They reduce the heart's action and cause weakening sweats, and their use is an unmitigated evil. In the great majority of cases the treatment may be taken from old Dr. Nathan Smith, of Yale, which was pretty much that of to-day. Plenty of fresh air, liquid diet and cold externally. He was in the habit of turning

out the friends of the patient, putting the patient on the floor and then dashing water, handed through the window by an assistant, over the patient.

Percentage of Solution.

Brooklyn Medical Journal.

The following table sent to the *Medical Brief* by Dr. Ayres, of Washington, may be found useful for reference. Percentage of solutions:

Gr. i	to ʒi = $\frac{1}{4}$ of 1 per cent.
Gr. ii	to ʒi = $\frac{1}{2}$ of 1 “
Gr. iv	to ʒi = 1 “
Gr. viii	to ʒi = 2 “
Gr. xvi	to ʒi = 4 “
Gr. xx	to ʒi = 5 “
Gr. xxiv	to ʒi = 6 “
Gr. xxxii	to ʒi = 8 “
Gr. xl	to ʒi = 10 “
Gr. lx (5)	to ʒi = 15 “
Gr. lxxx	to ʒi = 20 “

Atrophic Rhinitis.

Dr. Joseph F. Gibb recommends coating the nasal membrane with a thin layer of powdered stearate of zinc containing 25 per cent. of eucrophen. The membrane is first thoroughly cleansed and freed from scales by alkaline solutions and peroxide of hydrogen. Improvement is claimed to be manifested after a few treatments.

Black Eye.

To prevent black eye paint over the injured surface two or three times with a mixture of tincture of capsicum annum and an equal bulk of mucilage and a few drops of glycerine. The coats should be repeated as soon as dry.

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Tubercle-Bacilli in the Nasal Cavities.

The Colorado Climatologist.

The ubiquity of the tubercle-bacillus is already well recognized. It has been found on fruit exhibited for sale on the streets, and upon the walls and ceilings and in the dust of houses occupied by tuberculous subjects. The knowledge of these facts prepares us for the announcement made by Strauss (*Muncener Medicinische Wochenschrift*, 1894, No. 28) at a recent meeting of the Paris Academy of Medicine, that he has found virulent tubercle-bacilli within the nasal cavities of non-tuberculous persons whose relations necessitated their association with and frequent presence in rooms occupied by tuberculous patients. Most of these were in perfect health and presented not the slightest evidence of tuberculosis. These observations emphasize not only the widespread distribution of the bacillus, but also the risk of association with the tuberculous and the dangers of dust, as from the careless street cleaning of our large cities, and house sweeping, and the beating of carpets in the open air; and finally the importance of breathing through the nose, for as is well known the nasal passages act as filters for the air that enters the lungs and stands as a barrier to the entrance of particles whose presence might occasion mischief.

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At the last meeting of the St. Louis Medical Society Dr. G. Wiley Broome addressed the society on the subject of tumors and their treatment. He gave a particularly clear explanation of the origin, growth and characteristics of the various kinds of tumor. His description of the cancerous variety was certainly replete with fresh points. Among other things respecting the treatment of cancer he said, "that all malignant tumors, if accessible to the surgeon's knife, are at one period of their lives amenable to successful surgical treatment because at such a time they have only a local habitation and are not constitutional," but he added in conclusion, that he "wished to emphasize the confidence he had in the belief that even in the advanced stages of the cancerous process, when that condition has been reached which places the case beyond the scope of legitimate surgical interference, a rational basis is about established for the successful application of scientific therapy in many of those cases regarded as inoperable, and in consequence heretofore abandoned as incurable."

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